FEC FORM 1

## STATEMENT OF **ORGANIZATION**

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			<u></u>		Office Use Only	
NAME OF COMMITTEE (in full)	(Check if namis changed)		nple:If typing, type the lines.	12FE4M	5	
Consumer Fireworks Sa	fety Association	Political	Action Committ	ee Federal	Account	
					<u>                                     </u>	
ADDRESS (number and street)	455 Capitol Maj	ll, Şuite	60Q	1111		
X (Check if address				<u> </u>	<u> </u>	
is changed)	Sacramento			CA	95814	ليأب
		CITY		STATE	ZIP COI	DE ¦
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only	one e-mail ado	lress)			į,
y (Check if address	fecomm@bmhlaw	com	<u> </u>	<u> </u>	<u>                                     </u>	<u> </u>
is changed)			<del></del>	<u> </u>	<u> </u>	<u> </u>
COMMITTEE'S WEB PAGE AD	DDESS (LIDI)					;
	1					
(Check if address is changed)				<del></del>		<u> </u>
			<u>.l</u>	<del>-                                    </del>	<u> </u>	<del>'  </del>
2. DATE 11 20						1
3. FEC IDENTIFICATION NU	JMBER C	<b>C</b> 002970	77			
4. IS THIS STATEMENT	NEW (N)	<b>R</b> :X <sup>‡</sup>	AMENDED (A)			1
I certify that I have examined th	is Statement and to the	best of my kr	nowledge and belief it	is true, correct	t and complete.	
Type or Print Name of Treasurer	Louise Walsh					i i
	<b>—</b>	$\Omega$	l.	t.	'4 0 p	, , ,
Signature of Treasurer	Jours C	Vals		Date 11	20	2019
NOTE: Submission of false, errone	ous, or incomplete informations of the complete information of the complete informatio					J.S.C. §437g.
Office Use Only			For further information c Federal Election Commission of Free 800-424-9530 Ocal 202-694-1100		FEC FOR (Revised 02/2	, ,

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TYPE OF COMMITTEE  Candidate Committee:					
(a)	٠.	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Name of Candidate					
	didate / Affilia	Office ation Sought: House Senate President	State		
(c)	.* . • ,	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand	e of lidate				
Part	ty Co	mmittee:			
(d)	• •		emocratic, publican, etc.) Party.		
Poli	tical /	Action Committee (PAC):			
(e)	x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	eted organization is a:		
		Corporation Corporation w/o Capital Stock L	abor Organization		
		Membership Organization X Trade Association C	ooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Fun	draising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
	Com	nmittees Participating in Joint Fundraiser			
			4.		
	1.				
	2.	FEC ID number C			
	3.	FEC ID number C			
	4.	FEC ID number C			

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Write or Type Committee N	ame	
Consumer Fireworks	Safety Association Political Action Committee Federa	al Account
6. Name of Any Connecto	ed Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
Consumer Fireworks	Safety Asspciation	
Mailing Address	P O Box 1436	
	Tacqma WA	98401 -
	CITY STATE	ZIP CODE
Relationship: X Conne	cted Organization , Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor
<ol> <li>Custodian of Records: books and records.</li> </ol>	Identify by name, address (phone number optional) and position of the p	person in possession of committee
Full Name Ash1	ee Titus	
Mailing Address	455 Capitol Mall, Suite 600	
	Sacramento	95814
Title or Position	CITY STATE	ZIP CODE
Custodian <sub>l</sub> of <sub>l</sub> Recy	ords Telephone number	16 - 442 - 7757
Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	; and the name and address of
Full Name of Treasurer Louis	se Walsh	
Mailing Address	P.O. Box 1436	
	Tacoma WA	98401
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	53 - 922 - 9800

CITY

STATE

ZIP CODE

Mailing Address

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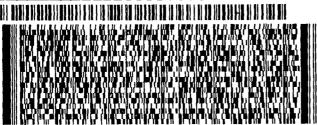
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Other (Specify):	Date of Receipt or Postmarked			
N	12-3-19			
PREPARER (3/2015)	DATE PREPARED			